

AUTHORIZED REINSURERS

COMPANY NAME: _____ NAIC Company Code: _____
 Contact: _____ Telephone: _____
 REQUIRED FILINGS IN THE STATE OF: _____ Filings Made During the Year 2004

(1) Check- list	Line #	(3) REQUIRED FILINGS FOR THE ABOVE STATE	(4) NUMBER OF COPIES	(5) DUE DATE	(6) FORM SOURCE	(7) APPLICABLE NOTES
		I. NAIC FINANCIAL STATEMENTS				
	1	Annual Statement (8 ½"X14")	1	3/1	NAIC	H(a), I, J, K
	2	Quarterly Financial Statement (8 ½" x 14")	1	5/15,8/15,11/15	NAIC	H(a), I, J, K
		II. NAIC SUPPLEMENTS				
	3	Actuarial Certification	1	3/1	COMPANY	K
	4	Management Discussion & Analysis	1	4/1	COMPANY	K
	5	SVO Compliance Certification	1	3/1, 5/15 8/15, 11/15	COMPANY	K
		III. AUDITED FINANCIAL STATEMENTS				
	6	Accountants Letter of Qualifications	1	6/1	COMPANY	K
	7	Audited Financial Statements	1	6/1	COMPANY	K
	8	Report of Significant Deficiencies in Internal Controls	1	6/1	COMPANY	N
	9	Request for Exemption to File	1	5/1	COMPANY	J
	10	Request to File Consolidated Audited Financial Statements	1	5/1	COMPANY	J
		IV. STATE REQUIRED FILINGS				
	11	Application for Approval as an Authorized Reinsurer	1	3/1	STATE	K
	12	Certificate of Authority/Compliance from state of domicile	1	3/1	COMPANY	H(b)
	13	Certificate of Deposit from state of domicile	1	3/1	COMPANY	H(b)